

2011 STEP UP for Down Syndrome

Team Member Registration Form

Online registration is also available at www.dsamemphis.org/suds.

Name of Team: _____

Team Captain: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Email: _____



If you are registering immediate family members, please list them here:

T-shirt size:

Adult:

S M L XL XXL 3XL

Child:

XS S M L

If you are registering for more than one, please indicate quantity for each size needed.

Registration fee is \$10 per person.

of registrations _____ x \$10.00 = \$ _____

List employer if they do a company match:

Can't participate, but want to donate?
Registered, but want to make a donation?

Donation Amount \$ _____

Total Enclosed = \$ _____

Only donation amounts over the registration fee per person are considered tax deductible.

Make checks payable to:

DSAM

2893 S. Mendenhall Road, Suite 3

Memphis, TN 38115

Waiver: In consideration of me and/or my minor child being permitted to participate in Step Up for Down Syndrome, I hereby-for heirs, my personal representatives and myself assume any and all risks that might be associated with the event. I further waive, release discharge and covenant not to sue the Down Syndrome Association of Memphis & the Mid-South, their officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the event and any related activities. I also authorize the use by DSAM of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature: _____ Date: _____

